

**DEPARTMENT OF CHILD SERVICES  
SPECIAL PROJECT-ASSIGNMENT EVALUATION**

Employee: [Click to inset text]

Work Unit/Office: [Click to inset text]

Detailed Project/Assignment Description:

Due Date: mm/dd/yyyy

Results and Outcome:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

***NOTE: This form is optional and is not a replacement for the performance evaluations or performance improvement plans.***